

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	SE		11-22-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MA	830	12-12-00
RESPONSE FORMALITY REVIEW	n	905	3/19/02

### INDEX OF CLAIMS

✓ ..... Rejected  
 □ ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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302  
 12-12-01  
 850  
 03-11-02

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